DISCUSSION OF GROUP PRACTICE IN THE EDUCATION OF MEDICAL STUDENTS*

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My experience in group practice to date has been as an intern in the New York City Hospital system. Many of my ideas developed over the course of the last three years when, as a medical student, I was active in the formation of the Student Health Organizations. Many of the same ideas have been reinforced by the practice of medicine at Lincoln Hospital, which is a 300-bed hospital in south Bronx. Lincoln is the major health facility for about 350,000 of the sickest people in New York.

The papers at this conference have indicated the great spectrum of activities which qualify as group medical practice. The hospital house officer is in group practice. Bands of physicians doing precisely what they would do as solo practitioners, only under the same roof, are in group practice. The very complex organizations of The University of Chicago Medical School and of the Henry Ford Clinic are group practices. It is confusing.

Richard M. Bailey's paper seemed to indicate that physicians in the group practices he studied were practicing much as physicians have practiced for some time except that they were working fewer hours, charging higher fees, and generally making out better than solo practitioners. This is disturbing. Group practice seems to be advantageous for the doctor, but is it good for the patient?

Dr. Bailey was roundly attacked because his study had not considered the quality of care being provided by the group practices he studied. No doubt one of the reasons he did not try to assess quality of care is that the medical profession has been very reluctant to allow itself to be investigated in these terms. It is not fair to criticize Dr. Bailey on this account. I accept his paper as a tentative and interesting applica-

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tion of social scientific investigation to the problems of health care.

One would like to think that by joining in groups health professionals will be able to use their talents more efficiently to serve greater numbers of people more effectively and more comprehensively. In order for us to know if this really happens we shall need much more evaluation of the kind that Dr. Bailey's paper represents.

An encouraging aspect of this conference has been the mention of the expanded concept of group practice. We no longer mean merely a handful of physicians from different specialties. The emerging concept of group practice brings together the allied health professions—terminology I prefer to "paramedical"—who work in concert to solve health problems and to deliver health service. Certain of the federally funded neighborhood health centers present the most exciting examples of this augmented group practice.

A major innovation in the team approach which these centers demonstrate is the involvement of the community of the patients through neighborhood health workers and local participation in the policy-making boards. It is high time we started asking people what they are interested in, what they need, and what we can do to contribute to their health rather than force on them a variety of medical services which may or may not be particularly helpful to them.

I do not think that the idea of group practice impinges much on the education of medical students. When I learned that I should be on this panel I spoke with several friends who are students at The University of Chicago Medical School. Most of them are not really aware that they are part of a group practice. For the most part medical schools isolate themselves and their students from the real world and from the actual ugliness of the health situation in this country. I cannot think of a school that is really training health professionals to function in cross-disciplinary teams. I doubt that any of the schools are preparing their students to deal with neighborhood control of health facilities as a real and perhaps desirable possibility. Very few schools have anything in their curricula that would even hint at the health crisis we face in the United States.

Recently we have seen medical schools begin to move out of the university health centers and into the neighborhoods of the poor. On the surface this is encouraging. But the motivation is suspect and the results must be considered. Recently, with the government sinking

money into the poverty-stricken areas, it has become profitable for the schools to become involved in these neighborhoods. Persons brighter than I have likened health care in this country to imperialistic colonialism. This interesting analogy has several facets, but one especially pertinent to involvement in poverty communities is the potential for exploitation of these neighborhoods by the health institutions. And, true enough, one hears individuals in departments of community medicine talk about going in "to take over that community." Or one hears the clinical staff relishing the prospect of "all that great clinical material"—a term that has always set my teeth on edge.

A cursory glance at the newspapers indicates the inevitable chaos that necessarily results from the breaking up of an empire. This is apparent in the underdeveloped countries, which for many years have been long dominated, oppressed, and brutalized in one sense or another, as they begin to seek independence. The results are not appealing. We now see the same thing happening in this country as various populations struggle for justice. The health professions must be attuned to these issues and must guard against being responsible for perpetuating conditions that can only end badly.

This is especially difficult for us. We are saturated with professional hubris. "Doctor knows best." After all, we have been through school and we are professionals. But did school train us to handle social upheaval and to answer to groups of people who resent what we have done to them for years? Clearly not.

We must begin asking our professional institutions and the organizations which presume to represent us to begin dealing with the real problems and to do so less selfishly than they have done in the past. These units should worry less about preserving our prestige and our incomes. None of us is going to starve. A shocking example of the failure of this kind of involvement has been the recent curtailment of Medicaid in New York. Now we find millions of people who are no longer eligible for extremely necessary health services. At the risk of "bad-mouthing" our hosts, I wonder what The New York Academy of Medicine has done in behalf of these millions of citizens. What happens to these people is more important to me than a conference on group practice.

The problems are very difficult. One of the main elements that motivated the formation of the Student Health Organizations was a sense that there were no models of effective and concerned professional action in the larger health issues. No one has the answers at this point. I hope we can work together to begin evolving solutions.